

Dr. Simpson's narrative regarding Topsy (clients: Marty Gangler & Debora Bruan):

On entry, Topsy appeared to be walking slow, but was not dyspneic, orthopneic, or otherwise in respiratory distress. He had become aggressive with the staff and was actively lunging and trying to bite when he was brought out from the kennel for scheduled vital sign assessments. I called Mr. Gangler to discuss how Topsy had been doing at home with the medication and to determine what changes in health status and/or new concerns that they had. I then examined Topsy – he was muzzled for the examination and though dehydrated and lethargic, he otherwise did not have abnormal findings in the respiratory system or within the abdomen. I called and spoke with Mr. Gangler regarding the findings and my feeling that we needed to investigate this carefully, verbally detailing the diagnostics that were needed to run (metabolic profile, radiographic imaging of neck/thorax and abdomen. I then set about making a diagnostic and treatment plan. I was in the midst of this when the staff alerted me to his collapse. We immediately undertook CPR efforts including intubation, IV catheter, and repeated epinephrine and atropine doses. At the time of intubation, there was no food in the pharynx, and we did not see food/fluid in the endotracheal tube during CPR or upon removal of the endotracheal tube at the completion of CPR. However, acute aspiration event was in my mind of great concern due to the circumstances of the collapse. Subsequently, when writing my medical record, I saw in the medical record the description from the staff member that indicated that he was muzzled at the time of collapse and that she waited for her fellow staff member to get clear of Topsy before removing the muzzle.

Client interactions: Initial interactions with Mr. Gangler were fruitful – he seemed receptive to verbal listing of diagnostics that we needed to perform. However upon informing him of the collapse, loss of vital signs and ongoing CPR he was exceedingly upset and belligerent. Staff were fearful and at one point suggested calling the police – I told them not to call and told them it was better for me to talk one on one with him rather than have more staff accompany me to talk with him. It was difficult to get him to participate in making medical decision, or when appropriate after protracted non-response to CPR attempts (we never achieved any electrical activity from the heart), to agree to discontinue CPR. After discontinuation of CPR was agreed to, I entered into an extended conversation to try and get him to allow for an external necropsy of Topsy so that a determination as to cause of death could be found. He expressed distrust of us and me in particular and the expectation that we would cover our asses. Though I told him repeatedly that the necropsy was needed and needed to be external to us to assure results that were impartial, he continued to accuse me of killing his dog and of being dishonest to cover it up. Eventually he walked away, got into his car and drove away.

Chris M. Simpson, DVM

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ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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INVESTIGATIVE DIVISION REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: Investigative Division

RE: Case: 22-32

Complainant(s): Arizona State Veterinary Medical Examining Board

Respondent(s): Chris Simpson, DVM (License: 3823)

SUMMARY:

Complaint Received at Board Office: 9/15/21:

Board Discussion: 10/20/21

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018

(Lime Green); Rules as Revised

September 2013 (Yellow).

At the September 15, 2021 Veterinary Board meeting, the Board voted to open an investigation with respect to Respondent after reviewing case 21-98, In Re: Dino Herrera-Zaragoza, DVM.

On February 10, 2021, "Topsy," a 9-month-old male Cattle dog mix was presented to Respondent due to declining condition. Due to the dog's temperament, he was muzzled for the exam. The dog remained muzzled while the findings were discussed with the pet owner; during this time the dog collapsed. CPR efforts were initiated but were not successful therefore they were discontinued.

A necropsy was performed and it was suspected that the dog aspirated.

PROPOSED 'FINDINGS of FACT':

1. On February 9, 2021, the dog was presented to Dr. Herrera-Zaragoza for not eating or drinking and passing diarrhea for two days. It was also reported on the intake form that the dog had vomited food a few times and chews on things. Upon exam, the dog had a weight = 17.2kg, a temperature = 101.2 degrees, a pulse rate = 140bpm, and a respiration rate = 50rpm. Dr. Herrera-Zaragoza noted mucoid diarrhea on the dog's tail and caudal aspect of his pelvic limbs and dry material partially covering left nostril. Complainant was suspected the dry material on the dog's nose was food particles from chewing a bone.
2. According to the pet owners, they reported that the dog could have eaten a poisonous plant in the yard. However, Dr. Herrera-Zaragoza stated in his narrative that in his communication with the pet owners, the dog was well vaccinated and there was no known exposure to chemicals, toxins, or other. Dr. Herrera-Zaragoza was advised that like all pets, the dog like to get into all kinds of things but was not able to say whether the dog had gotten into any plant of other toxic substance. Complainant approved a fecal test and a 4Dx test. Abdominal radiographs were discussed but not pursued due to the dog's stable vitals, non-painful abdomen, and no history of vomiting since the day prior to presentation.
3. Dr. Herrera-Zaragoza's assessment was possible dietary indiscretion, possible bacterial, parasitic, toxin ingestion, dietary change, other. 4Dx snap test was negative. The dog was administered, and prescribed, the following and discharge:
 - a. Cerenia 17mg IV;
 - b. Pantoprazole 17mg IV;
 - c. Lactated Ringer's Solution 350mLs SQ; and
 - d. Metronidazole 250mg, 14 tablets – give one tablet orally every 12 hours.
4. It was recommended to follow up with the primary care veterinarian if no improvement, or return to the emergency facility.
5. On February 10, 2021, staff left a voicemail with the pet owners that there were no ova or parasites seen on the fecal test.
6. Later that evening, the dog was presented to Dr. Herrera-Zaragoza's associate, Respondent, due to no improvement and getting worse. The pet owners reported that the dog ate a little chicken and rice, was lethargic, and was breathing funny – as if choking on something. Complainant further relayed that the dog vomited one or two times, chews up a lot of things, and they have oleander in the yard.
7. Respondent stated that on entry, the dog appeared to be walking slowly, but was not in respiratory distress. The dog was aggressive toward staff, actively lunging and trying to bite. Respondent spoke with the pet owners then performed an exam on the dog; the dog was muzzled for the exam. Respondent stated although the dog was dehydrated and lethargic, there were no abnormalities in the respiratory system or within the abdomen. The dog remained muzzled while Respondent called the pet owners back with his findings and recommended blood work and radiographs. While Respondent was making a treatment plan, the dog

collapsed and began agonal breathing. The muzzle was removed and CPR was started. Efforts were unsuccessful and the pet owners agreed to cease CPR; the dog passed away.

8. At the time of intubation, there was no food in the in the pharynx, and they did not see food/fluid in the endotracheal tube during CPR or upon removal of the tube at completion of CPR. Respondent was suspicious of aspiration. The pet owners were very upset with the dog's passing and a necropsy was performed.

9. Necropsy revealed the likely cause of the dog's cardiopulmonary arrest was acute aspiration pneumonia.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division